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SWAFFHAM RURAL DISTRICT COUNCIL

ANNUAL REPORT

of the

MEDICAL OFFICER OF HEALTH



Together with the

REPORT

of the

PUBLIC HEALTH INSPECTOR

1962

S T A F F

<u>Medical Officer of Health:</u>	A.S. Dunn, L.R.C.P. L.R.C.S., L.M.F.P.S. D.C.H., D.P.H.
<u>Public Health Inspector :</u>	D.B. Foxwell, C.S.I.B. M.H.P.H.I.,



SWAFFHAM RURAL DISTRICT COUNCILANNUAL REPORTOF THE MEDICAL OFFICER OF HEALTH FOR 1962

Mr. Chairman,  
Ladies and Gentlemen,

I have the honour to present my report for the year 1962 as follows :-

Vital Statistics :

The Registrar-General's estimate of population at mid-year 1962 was: 9,140

<u>Births:</u>	180	<u>Deaths:</u>	99
Live Births:	179	Legitimate live Births:	164
Still Births:	1	Legitimate Stillbirths:	1

There were 15 illegitimate live births, i.e. 8.4% live births (England and Wales 6.4%)

Three children died in infancy, two were legitimate children, one illegitimate. No mother died in childbirth.

Death Rate (crude)	10.8	Birth Rate (crude)	19.6
(adjusted)	10.8	(Adjusted)	20.9

(Adjusted rates are used when comparing districts one with another or with national rates).

Comparative Table

Rate	Swaffham R.D.	Norfolk	England
Birth	20.9	16.1	18.0
Death	10.8	12.1	11.9
Maternal Mortality	NIL	NIL	0.35
Infant Mortality	16.8	14.4	21.4
Neonatal mortality	11.2	10.6	15.1
Early Neonatal Mortality	11.2	8.8	not avail:
Stillbirth	5.6	17.7	18.1
Perinatal	16.7	26.3	not avail:
Legitimate Infant Mortality	12.2	12.6	not avail:
Illegitimate Infant Mortality	67.0	47.9	not avail:

Comment

The variation in birth and death rate is not significantly different from last year (see Appendix C). Both rates compare favourably with the national experience. This is unfortunately not true of illegitimate births locally which at 8.4% is too high. There were fifteen illegitimate children, one of whom died soon after birth from a heart defect incompatible with survival. In this instance therefore the illegitimacy was not material to the child's dying. Two other infants died, one from multiple congenital defects, the other from kidney disease. The one stillborn child weighed only two pounds at birth, and was very premature.



Causes of Death as Registered in 1962

	<u>Male</u>	<u>Female</u>
1. Tuberculosis, respiratory		
2. Tuberculosis, other		
3. Syphilis		
4. Diphtheria		
5. Whooping Cough		
6. Meningococcal infections		
7. Acute Poliomyelitis		
8. Measles		
9. Other Infective and parasitic diseases	1	
10. Malignant neoplasm, stomach	3	
11. Malignant neoplasm, lung and bronchus	3	1
12. Malignant neoplasm, breast		1
13. Malignant neoplasm, uterus		
14. Other malignant and lymphatic neoplasms	3	4
15. Leukaemia		
16. Diabetes		
17. Vascular lesions of the nervous system	7	10
18. Coronary disease, angina	14	9
19. Hypertension with heart disease		
20. Other heart disease	1	6
21. Other circulatory disease	4	3
22. Influenza		1
23. Pneumonia	4	3
24. Bronchitis	5	
25. Other diseases of respiratory system	1	
26. Ulcer of stomach and duodenum	1	
27. Gastritis, enteritis		
28. Nephritis and nephrosis	1	
29. Hyperplasia of prostate	2	
30. Pregnancy, childbirth, abortion		
31. Congenital malformations	1	
32. Other defined and ill-defined diseases	3	2
33. Motor vehicle accidents	1	2
34. Other accidents		2
35. Suicide		
36. Homicide		



Age at Death

Age Group	-1	1+	5+	10+	20+	30+	40+	50+	60+	70+	80+	90+	All ages
Male	3	0	0	0	1	1	1	3	8	28	10	0	55
Female	0	0	0	1	0	0	1	4	7	12	17	2	44

Comment

More than half the deaths were attributed to disorders of the circulatory system. The greater part of these occurred in the aged. Next in number are those whose deaths were due to cancer and similar new growths. Of those who died before reaching middle life, three died in infancy and have already been mentioned in an earlier paragraph, two young adults died in road accidents, and one man died from severe high blood pressure.

Road accidents accounted for three deaths, two persons were travelling in motor cars and the other was a motor cyclist. Two elderly ladies, both over eighty, fell at home, fractured a femur and later died of pneumonia. The immobilisation necessary to repair the broken bone imposes strain on the failing heart, the lungs become waterlogged and readily infected.

INFECTIOUS DISEASES

Tuberculosis

There were no deaths locally from this disease. The Mass Radiography Unit spent a fortnight in Swaffham early in the year. In all 1,839 volunteered for XRay of chest. No new active cases of tuberculosis were found. The age distribution in the table given below shows that women came for examination in appreciably smaller numbers than the men. This applies not only to the ages where looking after children might mitigate against attendance. The reluctance may be due partly to a mistaken idea that it might be necessary to undress for this type of check-up.

Mass Radiography Survey Volunteers

Age Group	15/24	25/34	35/44	45/54	55/64	65+	All ages
Male	284	211	250	227	144	34	1,150
Female	189	136	158	117	70	19	689
Total	473	347	408	344	214	53	1,839

B.C.G. Vaccination

This protection is offered to schoolchildren at or about thirteen years old. The object is to foster immunity to tuberculosis before the child leaves the school environment for the adult community with more risk of meeting infective cases there. In the County Health Area 6, which covers the population of Wayland Rural District, Swaffham Rural District, Thetford Borough and Swaffham Urban District, there were 491 children eligible for such vaccination. The parents of 378 (77%) agreed to the procedure - a good response. After testing to determine the immune state 44 children were found not to require vaccination. Of the 334 remaining, 273 were vaccinated, and 61 were absent either for the test session or the vaccination session (there is a week's interval between these).

Thus 9% already had immunity acquired through contact with the disease, 56% were immunised artificially, and the immune state of 35% was unknown (23% non-acceptors and 12% absentees).



TUBERCULOSIS REGISTER : SWAFFHAM R.D.

Year	Respiratory			Other			Grand Total
	Male	Female	Total	Male	Female	Total	
1962	11	15	26	2	2	4	30
1961	11	16	27	2	3	5	32
1960	11	14	25	2	3	5	30
1959	12	11	23	2	1	3	26
1958	14	9	23	3	2	5	28

SMALLPOX

As a result of renewed interest and discussion in medical journals on the merits of infant vaccination the Ministry of Health appointed an expert committee to consider the subject. Their view was that no useful purpose was served by vaccinating in the first year of life as opposed to later in childhood, and they suggest that just after one year old is a suitable time. The committee supports the policy of encouraging vaccination for all children unless there is some contraindication in the individual case.

During 1962, 1049 primary vaccinations were done, and 792 revaccinations.

POLIOMYELITIS

The number of persons who have completed a three-dose course in Health Area 6 is 14,474. There are about 38,000 people living in this area. As the immunisation is limited, with few exceptions, to those under forty it follows that a very high proportion of these are protected. There were 10,837 reckoned as having had three doses of poliomyelitis vaccine by the end of 1961. Thus in 1962 another 3,637 completed the course.

Most of the vaccine used in 1962 was given by mouth and only 167 persons preferred to complete with the Salk vaccine given by injection.

To keep immunity at peak levels schoolchildren between the ages of five and twelve years old are given a fourth dose. Last year we had a big push on this front (2,731 such doses given) so this year only the new entrants and the absentees of 1961 remained: 300 fourth doses were given.

MEASLES

This disease followed its usual pattern of a bumper year followed by one with few cases. It seems that it takes a year for sufficient susceptibles to accumulate in the community to permit epidemics to spread. 82 cases were notified in the district this year.

DIPHTHERIA

Again no cases locally and only 64 in the country, the lowest ever. The percentage of Norfolk schoolchildren fully protected is 54. In previous years 53%, 43%, 36% were the figures. We should like to see a higher proportion immune to this disease.

Diphtheria Immunisation - Health Area 6

<u>Year of Birth</u>	<u>Primary Course completed in 1962</u>	<u>Reinforcing Doses 1962</u>
1962	136	-
1961	259	-
1960	56	22
1959	16	11
1958	8	6
1953-57	63	168
1948-52	313	621
	851	828



### WHOOPING COUGH

It was a quiet year. There were only 8,326 cases notified in England and Wales, none locally.

### Whooping Cough Immunisation - Health Area 6

<u>Year of Birth</u>	<u>Primary cases completed in 1962</u>
1962	160
1961	240
1960	52
1959	17
1958	12
1953-57	16
1948-52	3
	<hr/>
	500

### TETANUS

No cases in this district this year.

### Tetanus Immunisation - Health Area 6

<u>Age</u>	<u>Primary course completed in 1962</u>	<u>Reinforcing Doses in 1962</u>
Under 16 years	565	127
Over 16 years	381	40
	<hr/>	<hr/>
	946	167
	<hr/>	<hr/>

### INFECTIOUS DISEASE NOTIFICATIONS 1962

Scarlet fever	10	Enteric fevers	0
Whooping Cough	0	Erysipelas	0
Poliomyelitis	0	Food Poisoning	0
Measles	82	Tuberculosis	3
Diphtheria	0	Puerperal Pyrexia	0
Meningococcal infections	0	Ophthalmia Neonatorum	0
Acute Pneumonia	1	Infective Hepatitis	0
Smallpox	0	Dysentery	1
Encephalitis	0	Anthrax	0

### WELFARE MATTERS

These are in general a function of County Council committees and their officers. The District Council being concerned however (i) in the care of problem families living in insanitary circumstances, and particularly when that Council is their landlord, and (ii) in the compulsory removal to a place of care, hospital or hostel of persons who by reason of age or ill-health need such attention and are not receiving it at home. The Council had to order the eviction of a problem family from a Council house in 1962. This action was taken reluctantly after attempts at rehabilitation by various social workers over a period of eighteen months had failed to make any improvement whatsoever.

It was necessary to remove two elderly women under the powers of the National Assistance Act 1948 and the National Assistance (Amendment) Act 1951. One was living alone, thirty miles from the nearest relative, and at ninety was quite unable to manage to look after herself. The other woman was gravely ill and living in appalling squalor, yet she would not allow relatives or anyone else to improve matters.

Use of this power over the liberty of the subject is carefully safeguarded. Two medical practitioners, one being the Medical Officer of Health, and a lay magistrate must agree that the action is necessary. It is of course open to the subject of the order and his relatives, to appeal against the order.



## HOSPITAL PLAN

The hospital service is scheduled for an £800 million development over the next 10 to 15 years. The basic concept of the plan is that a district general hospital with 300 to 500 beds will serve 100,000 to 150,000 population in its area. There would, of course be flexibility around these figures to suit local needs. Such a district hospital would cover medical and surgical cases, adults and children. The usual special departments would be housed. In addition, a maternity unit, a short stay psychiatric unit and a geriatric (aged sick) unit would be a part of the district hospital. The advantages of concentrating staff and equipment in one place do seem to outweigh the admitted difficulty that patients and visitors have longer distances to travel. The closure of many smaller hospitals is a necessary corollary to the plan. Some will be retained but not usually for acute cases, serving as outpatient consultative clinics or for the housing of aged chronic sick.

The provision of local services is planned as follows:-

Swaffham Cottage Hospital is likely to remain unchanged in function at least until 1975. By that year, the West Norfolk Hospital should have doubled its number of acute beds and maternity beds and all the beds at St. James Hospital Kings Lynn will have become available for the aged sick. East Dereham Hospital again around 1975 will use all its beds for geriatric cases.

## Medical Manpower

A shortage of doctors in training relative to needs has been developing for some years. This has been made good in the hospitals by the employment of Commonwealth and foreign medical graduates, as is evident to anyone using that service. Around 40% of medical staff below consultant level now employed in hospitals were born outside the British Isles. Between 1939 and 1958 despite the increasing complexity of modern medicine and improved services the output of medical graduates went up only 7% (in dentistry 93%, veterinary surgery 356%, technology 162%, science 183%). Outweighing this modest increase has been the emigration of medical men. About 1800 doctors qualify here each year and the loss by emigration is about 600. The emigrants are, of course, not exclusively new graduates but also those with experience. This number do not "vote with their feet" unless there is widespread dissatisfaction with medicine as a career here. There is a brisk demand for immigrant physicians in the United States where their doctor shortage was considered important enough to be mentioned in the President's State of the Union address. Six new medical schools are being started there this year. We should be planning similar expansion.

## Thalidomide

First manufactured in Germany and later in Britain. A sedative with no danger of producing addiction, it seemed preferable to phenobarbitone and the like. After it had been on the market some time, there were reports that a few adults on the drug developed tingling in the hands and feet, suggesting neuritis was being produced. An increase in the number of children born with stunted limbs was reported. Eventually, the link was established between thalidomide taken in early pregnancy and such deformities in the newborn. The manufacturers withdrew thalidomide from the market in December 1961. There should therefore be no thalidomide babies after September 1962. There will still be children born with limb deformities - as before thalidomide was thought of - the causes in these cases still unknown.

There were about 450 thalidomide-damaged children live-born in the years 1960-62 in Britain. About 350 are still alive. In Germany, there are somewhere over 3,000 such children. Fortunately, the handicap is purely physical; the intelligence is not impaired. As with all handicapped children, it is surprising how much they can do given help and training. This last should start early in the first year in the case of thalidomide babies. There are limb-fitting centres throughout the country which are run by the Ministry of Pensions. The parents of affected children hope to supplement State facilities rather as the Spastics Society has already done in that field.



### Testing of New Drugs

There was some public disquiet that no official agency checked on new drugs before they were marketed in Britain. Now in the U.S.A., the Food and Drugs Administration issues licences for manufacture or import of drugs and their scientific staff must be satisfied as to safety and purity before marketing is allowed. There is no doubt that the vigilance of one woman doctor in that Federal department prevented thousands of children being born deformed. Oddly enough, her suspicions of thalidomide were probably raised by a report from an Aberdeen family doctor of neuritis in an adult taking thalidomide. There is no guarantee that had we had a similar Government agency, we should have been spared our thalidomide injuries (West Germany had such a body). Nevertheless, it does seem reasonable to have someone other than the manufacturer decide when a drug has been adequately tested. There is to be (1963) such an independent assessment in Britain in the future. It is to be hoped that adequate resources physical and financial, are provided to do the job properly.

### Animal Experiments

These are essential to advance in surgical techniques. It is understandable that practice on the animal heart was necessary before reconstructive heart surgery on children could be attempted; that organ transplanting from animal to animal had to be studied to determine the possible value of such procedures to human recipients and the danger if any to the donors; that the reaction to an artificial valve inserted in the spinal fluid circulation of the animal brain had to be known before use in babies with hydrocephalus (water on the brain). Incidentally, the engineer father of such a child designed the apparatus and it was used successfully.

A small minority of animal experiments is on these lines. The bulk are for such varied purposes as testing material from a human patient for the presence of tubercle (inoculated into a guinea pig); the growing of vaccinia virus for smallpox vaccination (on the belly skin of calves); identification of virus type (mouse brain, monkey brain, rabbit skin in yellow fever, poliomyelitis and smallpox respectively). Serum for treating diphtheria and tetanus is obtained from blood let from previously immunised horses. The horses are as little upset by this as are human blood donors.

The effectiveness and safety of batches of protective sera also have to be tested on animals. New drugs are tested on animals to find out possible dangerous side effects to their main therapeutic one.

All places where animals are used for these purposes must be licensed by the Home Secretary and the research worker himself must also be licensed. The relevant statute is The Cruelty to Animals Act 1876. Spot checks are done by medical inspectors of the Home Office, who are chosen for their background in research of this kind.

The R.S.P.C.A. feel that the control of experiments is not as good as it should be. It is unfortunate that their publicity material on the subject this year was rather sensational and gave the impression that there was widespread needless cruelty in the laboratory. After all, it was open to the Society to make complaints to the Home Office on any facts known to them and if still unsatisfied to have questions asked in the House.

### SMOKING AND LUNG CANCER

The Royal College of Physicians published a report on this subject in March. The report added no new evidence but reviewed studies of the previous decade. The conclusion was that the link between smoking and lung cancer was established beyond all reasonable doubt. The Ministry of Health issues posters and a few hospitals are running anti-smoking clinics but these measures are hardly competing on equal terms with tobacco advertising running at around £10 million a year. Even one of the posters ran into trouble, apparently on the grounds that the message "cigarettes cause cancer" offended advertising ethics; perhaps the statement was too sweeping and as it did not apply to every smoker was not an absolute truth; it was banned from some bill-boards. Perhaps we can look forward to other products being similarly censored and we may read on the hoardings: "If you are eighteen years old or over, and provided there is no history of alcoholism in the family and furthermore that you do not suffer from liver-disease or contemplate driving after excessive consumption of our product then in our opinion it is unlikely that 'X' will not be good for you."



It would seem more logical to limit tobacco advertising by law rather than indulge in a poster battle. There are other ways of helping those trying to cut down or giving up smoking. A few years back one of the most successful multiple stores banned smoking for employees and customers alike; they still prosper. The atmosphere in cinemas and buses is often foul; would "No smoking" really be such a hardship?

#### DRINKING DRIVERS

It is generally accepted that alcohol is a factor in the genesis of many motor accidents, although there may be insufficient evidence for it to be mentioned in subsequent charges. For example, if the offending driver is injured and taken to hospital, treatment may take time enough for him to sober up before a statement is taken by the police. Shock is a handy alternative explanation of incoherent speech, unsteady gait, etc, at the scene of the accident. Recently the blood alcohol level of 239 drivers taken to hospital after accidents showed the following results (blood alcohol above 50 milligrammes per cent - judgment necessarily impaired) :-

Noon	-	6 p.m.	10% drivers )
6.p.m.	-	midnight	33% } ABOVE 50
Midnight	-	6.a.m.	58% } Milligramme level

Not one was subsequently charged with driving under the influence of alcohol. Of course other charges, dangerous driving, careless driving were alternatives. Remember that a high proportion of those charged with driving under the influence who elect to go for jury trial are acquitted, so the standard of proof required of the police is high; it is understandable if charges with less difficulties for the prosecutor are preferred.

The Road Traffic Act 1962 may make it easier to punish offenders. If a drivers' ability is impaired by alcohol an offence has been committed (formerly he had to be incapable of proper control of the vehicle). Also, if a driver refuses to allow urine, breath or blood samples to be taken for analysis this refusal can be regarded as support for the prosecution's case. If analysis is done, the results are admissible in evidence. Now officially levels of alcohol in the blood have not been recognised and set at safe and dangerous readings. But the courts are likely to have regard to the practice elsewhere in Europe and to expert opinion here. Both agree that blood alcohol above 50 mgm% is incompatible with safety and that above 150 mgm% proper control of the vehicle is lost. These levels would be reached after drinking  $1\frac{1}{2}$  pints or 4 pints of beer respectively. One for the road may mean one for the morque.

#### APPENDIX A - Health and Welfare Services Provided by Norfolk County Council

These include the care of mothers and young children; supervision of the health of the schoolchild; immunisation against diphtheria, poliomyelitis, etc, home nursing and midwifery; home help service, advice on the care of those handicapped physically or mentally. Information of such services may be had from the Local Health Office, Tanner Street, Thetford, Telephone 3286 and 3341.

#### APPENDIX B - Derivation of Statistical Rates

Adjusted Birth Rate: (Live births per 1000 population) x comparability factor for births

Adjusted Death Rate: (Deaths per 1000 population) x comparability factor for deaths

Comparability Factors: Allow for variation between areas e.g. in the proportion of women of reproductive age and in the age/sex structure of population.

Infant Mortality Rate: Deaths at under 1 year per 1000 live births

Legitimate I.M.R. : Deaths of legitimate infants per 1000 legitimate live births.



Illegitimate I.M.R. : Deaths of illegitimate infants per 1000 illegitimate live births.

Maternal Mortality Rate: Deaths attributable to pregnancy per 1000 total births.

Stillbirth Rate : Stillbirths per 1000 total births

Perinatal Mortality Rate: (Stillbirths and Early Neonatal Deaths) per 1000 total births

Neonatal Mortality Rate: Deaths at under 4 weeks per 1000 live births

Early Neonatal Mortality Rate: Deaths at under 1 week per 1000 live births

APPENDIX C - Comparisons with previous years

	1962	1961	1960	1959	1958	1957
Estimated Population	9,140	9,020	9,460	9,160	9,230	9,210
Total Births	180	197	183	181	164	169
Total Deaths	99	95	86	94	97	90
Birth Rate (crude)	19.6	21.2	19.4	19.8	17.8	18.3
Death Rate (crude)	10.8	10.5	9.1	10.2	10.5	9.8
Infant Deaths	3	3	2	1	3	3
Infant Mortality Rate	16.8	15.7	10.9	5.5	18.3	17.8
Stillbirths	1	6	5	1	4	4
Stillbirth Rate	5.6	30.5	26.6	5.5	23.8	23.1

I have the honour to be, Ladies and Gentlemen,  
Your obedient Servant,

ANGUS S. DUNN

Medical Officer of Health



ANNUAL REPORT OF PUBLIC HEALTH INSPECTOR FOR  
1962

Mr. Chairman,

Ladies and Gentlemen,

I submit hereunder my Annual Report for the year ending 31st December, 1962.

1. RECORD OF INSPECTIONS

Drainage & Sewerage	32
Housing	498
Refuse Collection & Disposal	94
Food Premises	83
Water Supplies	47
Infectious Diseases	22
Moveable Dwellings	15
Factories	12
Rat Infestation	52
Milk & Dairies	7
Infestations	12
Miscellaneous	56
	930

2. COMPLAINTS & NUISANCES

14 reported nuisances were investigated during the year mostly relating to drainage, noise and the keeping of animals. One Statutory Notice was served and the remainder were dealt with informally.

3. HOUSING

Progress continued to be made during the year in improving the housing situation in the district.

6 Notices of Time and Place under the Housing Act 1957 were served on owners of property during the year which resulted in the making of 2 Demolition Orders and 4 Closing Orders.

12 houses were demolished during the year.

Applications for improvement grants continued to be made and approvals for grants were given in respect of 40 houses, an increase on those dealt with in the last three years.

Towards the end of the year a survey of houses was made in villages where a public sewer had been made available recently, in an endeavour to persuade owners of property without modern amenities to carry out improvements with grant aid.

The number of applications for improvement grants approved for the year was 17 Discretionary representing a total of £4923, and 23 Standard.

GRANTS APPROVED

	1952/53	1954	1955	1956	1957	1958	1959	1960	1961	1962	Total
Discretionary	2	6	19	35	27	45	21	12	15	17	199
Standard	-	-	-	-	-	-	8	25	19	23	75
TOTAL	2	6	19	35	27	45	29	37	34	40	274

The number of improvements completed and grants paid, are as follows:-

	1952/53	1954	1955	1956	1957	1958	1959	1960	1961	1962	Total
Discretionary	2	5	12	26	28	22	50	19	10	11	185
Standard	-	-	-	-	-	-	1	18	12	21	52
TOTAL	2	5	12	26	28	22	51	37	22	32	237



#### 4. WATER SUPPLIES

Samples of water from the Council's piped supplies continued to be taken at regular intervals. In all, 33 samples were taken and upon bacteriological examination, all proved to be of a standard of purity suitable for a public supply.

A mains supply of water is available to the whole district with the exception of isolated houses and groups of houses and in some of these cases there are private piped supplies.

9 samples were taken from private sources, 7 proving to be satisfactory, and 2 unsatisfactory.

#### 5. INFECTIOUS DISEASE

No case of Poliomyelitis was reported during the year.

Reported cases of Scarlet Fever were investigated mainly to ascertain any connection of patients or contacts with food production.

Disinfection was carried out following the removal of 1 Tuberculosis patient to hospital.

1 case of Anthrax in cattle was reported and contacts interviewed, the destruction of carcase and disinfection of premises being carried out under the supervision of the Police. Human contacts were treated by the local doctor.

#### 6. DISINFESTATION

Several complaints of insect infestation were received and treatment was carried out at 6 houses for the eradication of cluster flies in roof spaces, wasps nests in walls and ants.

#### 7. SEWERAGE

Most of the main centres of population are now served with public sewers, schemes having been completed in the parishes of Ashill, Cockley Cley, Great Cressingham, Bradenham, Hilborough, Holme Hale, Mundford, Narborough, Necton, North Pickenham, South Pickenham, Saham Toney, Sporle and Weeting.

Work on the Gooderstone scheme proceeded and by the end of the year the disposal plant was in operation and sewers laid to serve the greater part of the village.

Schemes have been prepared for the parish of Beachamwell, the Station Road area of Holme Hale and Saham Hills.

Housing sites and private houses not connected to the public sewer and served by septic tanks have been attended to by the cesspool emptying service. Two free services a year are given to owners of houses incapable of being connected to a sewer. Otherwise a charge is made of 3/- for the first load and 20/- for any subsequent load on the same day.

424 visits to private properties were made during the year.

#### 8. PUBLIC CLEANSING

During the year a direct labour refuse collection service was commenced, employing three men with a Shelvoke and Drewry 16/18 cu.yd fore and aft tipping collection vehicle.

This resulted in a better service although the frequency of collection remained the same - at fortnightly intervals.

During this period of nine months, 429 lorry loads of refuse were collected - approximately 1,400 tons.

Tips were maintained in a better condition, levelling by hand being carried out by the collecting staff, but lack of compaction made conditions difficult particularly in the winter months.

Seven pits continued to be used for disposal purposes and were treated from time to time for minor rat infestation and with a tip dressing against multiplication of insects.

Anti-litter posters were displayed throughout the district and on Council vehicles.

15 litter baskets have been provided in various villages and emptied regularly.

#### 9. FOOD

Food premises operating in the district during the year numbered 72, and consisted of :-



36	General Stores
3	Butchers Shops
1	Fried Fish Shop
1	Wet Fish Shop
3	Bakehouses
3	Cafes
25	Public Houses

83 visits were made to food premises during the year, and faults in hygienic practices pointed out.

Food hygiene in shops is, on the whole satisfactory. Many have been gradually modernised over the years which has tended to facilitate clean handling of food. Frozen food containers have been installed in many cases, but apart from brief verbal instructions when they were installed, most shop keepers appear to have had no guidance on their operation. As a result it is frequently found that frozen food cabinets are overloaded, or in need of defrosting. Although this does not necessarily mean that the contents are rendered unfit for human consumption, it does detract from their quality.

Mobile shops and delivery vans have been checked from time to time whilst in operation.

#### 10. MEAT INSPECTION

There are no slaughterhouses in the district, but meat was inspected at slaughterhouses in the Borough of Thetford for three weeks on the occasion of the absence of the Public Health Inspector for that authority.

#### 11. MILK AND DAIRIES

7 Milk Distributors and Premises are registered under the Milk and Dairies (General) Regulations 1959, and regular inspections have been made.

#### 12. MOVEABLE DWELLINGS

There were six licensed sites for individual caravans in the district during the year. One site for twenty four caravans, although licensed, was still not developed.

#### 13. RODENT CONTROL

Efforts were made during the year to impress upon members of the public their obligations as to rodent control, and to this end a public meeting was called. Although this was poorly attended, one result was a suggestion that a concerted effort be made by all authorities in the county to encourage the destruction of rats at the same time. This suggestion was transmitted to the Norfolk Branch of the Rural District Councils Association, and through them, work was commenced to put a scheme into operation early in 1963.

Rat infestation at refuse tips was effectively dealt with by baiting with Warfarin poison, this being carried by the refuse collectors and laid as necessary.

Supplies of Warfarin continued to be supplied to householders where rat infestation was present, and 22 cases were treated in this manner.

#### 14. COMMON LODGING HOUSES

There are no registered Common Lodging Houses in the district.



PRESCRIBED PARTICULARS ON THE ADMINISTRATION  
OF THE FACTORIES ACT, 1937

PART I OF THE ACT

1 - INSPECTIONS for purposes of provisions as to health (including inspections made by Public Health Inspectors)

Premises (1)	Number on Register (2)	Number of Inspections (3)	Written Notices (4)	Number of Occupiers Prosecuted (5)
i. Factories in which Sections 1, 2, 3, 4 and 6 are to be enforced by Local Authorities	-	-	-	-
ii. Factories not included in (1) in which Section 7 is enforced by the Local Authority	13	12	-	-
iii. Other Premises in which Section 7 is enforced by the Local Authority (excluding out-workers' premises)	-	-	-	-
Total....	13	12	-	-

2 - Cases in which DEFECTS were found

(If defects are discovered at the premises on two, three or more separate occasions they should be reckoned as two, three or more "cases").

Particulars (1)	Number of cases in which defects were found				Number of cases in which prosecutions were instituted. (6)
	Found (2)	Remedied (3)	Referred To H.M. Inspector (4)	By H.M. Inspector (5)	
Want of cleanliness (S.1)	-	-	-	-	-
Overcrowding (S.2)	-	-	-	-	-
Unreasonable temperature (S.3)	-	-	-	-	-
Inadequate ventilation (S.4)	-	-	-	-	-



Particulars (1)	Number of cases in which defects were found				Number of cases in which prosecutions were instituted. (6)
	Found (2)	Remedied (3)	Referred To H.M. Inspector (4)	By H.M. Inspector (5)	
Ineffective drainage of floors (S.6)	-	-	-	-	-
Sanitary Conveniences (S.7)					
(a) Insufficient	-	-	-	-	-
(b) Unsuitable or defective	-	-	-	-	-
(c) Not separate for sexes	-	-	-	-	-
Other offences against the Act (not including offences relating to Out-work)	-	-	-	-	-
Total...	-	-	-	-	-

I am, Ladies and Gentlemen,

Your obedient Servant,

D.B. FOXWELL

Public Health Inspector



ANNUAL REPORT OF THE SURVEYOR  
for 1962

Mr. Chairman,

Ladies and Gentlemen,

I beg to present my Annual Report for the year 1962 as follows :-

1. WATER SUPPLIES

In all areas where it is practicable, the Council have provided piped water, which, with the exception of the parish of Weeting, is obtained from our own sources. The Council's district can be divided into two different types of supply zone, as under :-

EASTERN AREA OR AREA 'B'

This area is made up of the parishes of Bradenham, Holme Hale, Ashill, Saham Toney, North Pickenham, South Pickenham, Necton and Sporle. In addition to these, water is supplied in bulk from the Bradenham Headworks to the parishes of Little Dunham and Shipdham, which are in the Mitford and Launditch Rural District. Part of the Swaffham Urban District also receives water from Bradenham, and the whole of the above area is supplied by a regional scheme with the Headworks at Bradenham.

The source at Bradenham has two boreholes sunk into the chalk, one 18" diameter and the other 24" diameter and being 400' and 350' deep respectively. The raw water is of a high standard of purity, is reasonably hard and contains a quantity of iron which makes it unsuitable for domestic use without treatment. A "Permutit Spiractor" type of lime softening plant successfully removes all carbonate hardness and iron. The treated water has a hardness figure of approximately 140 parts per million with no iron content. An analysis of the raw water is attached hereto.

Frequent bacteriological sampling was undertaken during the year and details of these are given with the Public Health Inspector's section of this report (Page 11). All samples were satisfactory.

Details of the number of connections made to this scheme are given in the following table:-

CONNECTIONS AREA 'B'

<u>Parish</u>	<u>Domestic</u> <u>Private</u>	<u>Council Houses</u>	<u>Meters</u> <u>Non-domestic</u>	<u>Total</u>
Ashill	91	48	33	172
Bradenham	79	53	33	165
Holme Hale	44	42	17	103
Necton	147	88	28	263
Pickenham N.	34	90	11	135
Pickenham S.	22	12	5	39
Saham Toney	179	81	43	303
Sporle	66	113	25	204

The total consumption of the Bradenham source is approximately 190,000 g.p.d. during normal periods. During the hot weather we encountered the usual very high seasonal increase in consumption which caused daily figures to rise to as much as 280,000 gallons, and to drop again very rapidly with the arrival of rainy weather.

The Council now have proposals in hand to enlarge the Bradenham Headworks and Reservoir and to make a bulk supply available to further areas of the Mitford and Launditch Rural District and to the Dereham Urban District.



WESTERN AREA OR AREA 'A'

In this area are the parishes of Beachamwell, Gooderstone (with a single headworks at Gooderstone), Cockley Cley, Little Cressingham, Great Cressingham, Foulden, Hilborough, Mundford, Narborough, Oxborough and Weeting (supplied in bulk from Mildenhall R.D.C.). With the exception of Weeting, these parishes are supplied from small village schemes. The Headworks in each comprise a 6" bore with submersible pump, supplying water either to a high level tank or in some cases, pressure set. Water from these sources is hard and only contains traces of iron. It is therefore possible to supply direct to the consumer without treatment of any kind. This also means that these small schemes can be made completely automatic and operated with little attention. The quantity of water consumed in these parishes is given in the following table :-

Beachamwell & Gooderstone Headworks at Gooderstone)	.....	17,000	g.p.d.
Cockley Cley	.....	3,000	g.p.d.
Little Cressingham	.....	12,000	g.p.d.
Great Cressingham	.....	5,000	g.p.d.
Foulden	.....	3,500	g.p.d.
Hilborough	.....	3,500	g.p.d.
Mundford	.....	45,000	g.p.d.
Narborough	.....	28,000	g.p.d.
Oxborough	.....	5,000	g.p.d.
Weeting (Supplied in bulk from Mildenhall R.D.C.)	.....	21,000	g.p.d.
		142,000	g.p.d.

During the hot dry weather these figures might increase by as much as 50% in the same way as shown earlier in the case of Area 'B'.

The total normal daily consumption over the whole district was therefore approximately 332,000 gallons, which, during drought periods, might rise to approximately 500,000 g.p.d.

Connections in the various parishes in Area 'A' are shown in the following table :-

CONNECTIONS AREA 'A'

<u>Parish</u>	<u>Domestic Private</u>	<u>Council Houses</u>	<u>Meters Non-domestic</u>	<u>Total</u>
Beachamwell	35	28	12	75
Cockley Cley	19	24	3	46
Gt. Cressingham	38	42	3	83
Lt. Cressingham	34	16	11	61
Foulden	26	27	10	63
Gooderstone	43	52	14	109
Hilborough	38	26	3	67
Mundford & Ickburgh	134	83	16	233
Narborough	52	82	17	151
Oxborough	31	22	9	62
Weeting	179	104	11	294



## 2. SEWAGE DISPOSAL

For a number of years the Council have been making every effort to provide main drainage facilities for all main centres of population in the district. The following table shows the parishes which have so far been provided with main sewerage, the number of connections for which the scheme was designed, and the total number of connections made to the scheme up to the present time.

### SCHEDULE OF SEWER CONNECTIONS

Connections allowed for	Parish	Connections Total Estimated
88	Great Cressingham	58
72	Holme Hale	43
53	Hilborough	39
123	Mundford	120
187	Necton	154
177	Nth & Sth Pickenham	129
145	Ashill	62
188	Sporle	170
136	Weeting	276
159	Saham Toney	129
51	Cockley Cley	34
149	Bradenham	61
70	Narborough	112

In addition to these completed works, the Council have proposals in hand for seweraging the parishes of Beachamwell and Foulden. The whole Narborough scheme is to be rebuilt and increased in size to accommodate the increasing population there.

Work has commenced on the extension of the sewerage system at Holme Hale and work is soon to start on extension of sewers in Saham Toney. At Gooderstone, a new village scheme is now completed and in use.

## 3. HOUSING

Fifteen new Council Houses were completed during the year, and this brings the total number of dwellings owned by the Council up to 1,024.

As well as the Council Houses completed during the year, there were 79 dwellings built by private enterprise for owner-occupation.

The following Table shows how private enterprise and Council House building compare over the past eight years :-

### NEW HOUSES COMPLETED

Year	1955	1956	1957	1958	1959	1960	1961	1962
Private Enterprise	18	22	34	32	46	53	25	79
Council Houses	54	48	42	4	6	31	36	15

From this comparison it can be seen that the general trend is for less Council Houses and more private building. I think that this is due to a large extent to the Council's policy of encouraging private building for owner-occupiers, and their efforts in purchasing land for sale as building plots in the parishes of Ashill, Foulden, Mundford, Sporle, Oxborough and Weeting.

Your obedient Servant,  
E.M. JENKINS

Surveyor and Water Engineer



LINCOLNE SUTTON AND WOOD

Cert. No. N.924  
Lab. No. 3936/W.

Clarence House,  
6, Clarence Road,  
Norwich.

22nd June, 1962.

CERTIFICATE OF ANALYSIS OF WATER

<u>Sample received</u>	14th June, 1962	<u>from</u>	Swaffham R.D.C.
<u>Marked</u>	No.1 Bore, West Bradenham Headworks.		
<u>Appearance when received</u>	Slightly opalescent, yellow deposit.		
<u>Nature of Deposit</u>	Iron compounds.		
<u>Colour</u>	Nil	<u>Odour</u>	Nil
<u>Reaction.</u>	Neutral. p.H. 7.3	<u>Taste</u>	Satisfactory

RESULTS OF CHEMICAL ANALYSIS IN PARTS PER MILLION

<u>Ammoniacal nitrogen</u>	0.12	<u>Hardness as CaCO<sub>3</sub></u>	
<u>Albuminoid nitrogen</u>	0.03	<u>Total</u>	375
<u>Nitrate nitrogen</u>	1.0	Carbonate (temp)	335
<u>Nitrite nitrogen</u>	Nil	Non-carbonate (perm)	40
<u>Chlorine as chlorides</u>	36	<u>Alkalinity as CaCO<sub>3</sub></u>	335
<u>Oxygen absorbed (4 hr. 27°C)</u>	0.40	<u>Free carbon dioxide</u>	58
		<u>Total solids (at 180°C.)</u>	470
		<u>Iron (Total)</u>	1.3
		<u>Metals in solution</u>	absent

BACTERIOLOGICAL RESULTS

<u>Number of colonies developing per ml. in 48 hrs. at 37°C</u>	1
<u>Presumptive coliform organisms-probable No. per 100.ml.</u>	Nil.
<u>B. Coll. Type 1 (Faecal)</u>	-

OPINION

The organic quality of this water is good and its bacteriological condition is very satisfactory. The slightly high ammoniacal nitrogen is not unusual in a water which contains a heavy trace of iron. The total hardness approximates to 27° Clark of which about 24° are temporary in nature. Although the reaction is neutral the free carbon dioxide is somewhat high and some solvency action may be expected especially on new metal fittings and pipes unless treatment is given. Metallic contamination is absent apart from a heavy trace of iron. The amount present is sufficient to cause inconvenience to users if it is not removed before the water is pumped into supply. Treatment by thorough aeration followed by settlement and filtration would probably remove most of the iron and also the potentially corrosive free carbon dioxide. In our opinion this water is free from pollution, and after treatment it should be suitable for general purposes.

for Lincoln Sutton & Wood Ltd,

(sgd) E.P. UNDERWOOD





